

# One-Stop Business Licensing Guide

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## About One-Stop Licensing

**Simple, convenient, hassle-free...  
that's what "one-stop licensing" is intended to be.**

During the 1997 Legislative Session, Montana lawmakers enacted House Bill 391 to begin what is known as the "one-stop business licensing" project.

The idea is simple: A business should be able to obtain or renew most, if not all, licenses, fees and permits required by state government from one centralized location.

Here are a few of the benefits of one-stop licensing:

- One point of contact for obtaining or renewing a majority of the licenses required to operate the business.
- One master form to obtain or renew these licenses, eliminating the redundancy of filling out multiple forms. Renewal forms may be completed by telephone.
- One payment rather than making a separate payment for each license. Visa and Mastercard will be accepted. An Off-Premises Beer or Wine license application requires an additional check.

## One-Stop Office Information

The office is located in the Sam Mitchell Building, 125 North Roberts Street, Helena, Montana.



Correspondence, completed application forms and payment should be mailed to One-Stop Licensing, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604.



The One-Stop Licensing Office may be reached by telephone at (406) 444-6900.



Information or requests may be faxed to (406) 444-0750.



Our website address is:

[www.discoveringmontana.com/revenue/css/3forbusinesses/09onestop.asp](http://www.discoveringmontana.com/revenue/css/3forbusinesses/09onestop.asp)

## Business License Descriptions

- **Food Purveyor**  
Department of Public Health and Human Services  
\$60 per location and owner

Required of any person or commercial establishment that is in the business of purchasing and selling perishable food to the public. Perishable food includes potentially hazardous foods, which consist in whole or in part of milk, milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting infectious or toxigenic microorganisms.

When applying for a Food Purveyors license on the Master Application, you must indicate the type of food endorsements you are requesting (check all that apply). You may choose from:

1. Eating Establishment
2. Tavern or Bar
3. Meat Market
4. Bakery
5. Temporary Food Service
6. Food Manufacturer
7. Mobile Food Service
8. Frozen Food Plant
9. Perishable Food Dealer

An inspection by the county sanitarian with approval for all of the requested endorsements must be completed prior to license approval.

- **Cigarette Retailer**  
Department of Revenue  
\$5

Required for each location where cigarettes are sold at retail.

- **Cigarette Wholesaler**  
Department of Revenue  
\$50

Required for businesses that purchase, sell or distribute cigarettes to retailers for resale.

- **Cigarette Subjobber**  
Department of Revenue  
\$50

Required for businesses that purchase from a licensed wholesaler cigarettes with the Montana cigarette tax insignia affixed, and sell or offer to sell the cigarettes to a licensed retailer or cigarette vendor.

- **Cigarette Major Vendor**  
Department of Revenue  
\$50

Required for businesses that own 9 or more cigarette vending machines.

- **Cigarette Minor Vendor**  
Department of Revenue  
\$5

Required for businesses that own 1-9 cigarette vending machines.

- **Other Tobacco Products**  
Department of Revenue  
No fee

Defined as a substance other than cigarettes that is intended for human consumption and that contains tobacco. Examples include cigars and chewing tobacco. These products require a license, but there is no charge for this license.

**Registrations** (Please fill out the Montana Employer Registration form on page 15)

- **Unemployment Insurance**  
Department of Revenue  
No fee

You are a covered employer if you meet one or more of the following criteria:

- Your total annual payroll for the current or preceding year equals or exceeds \$1,000.
- Your total payroll is all wages paid to all employees before deductions.
- You acquired all or part of a business that is already subject to Montana Unemployment Insurance Law.
- You are subject under the Federal Unemployment Tax Act (FUTA).
- You employed agricultural workers and paid \$20,000 in cash for agricultural labor in any quarter during the current or preceding calendar year.
- You employed 10 workers in agricultural labor in 20 different weeks.
- You employed domestic (or household) workers and paid \$1,000 or more in cash for these domestic services in any quarter during the current or preceding calendar year.

- **State Income Tax Withholding**  
Department of Revenue  
No fee

Every employer who resides in Montana and every nonresident employer who pays wages for services performed in Montana must withhold Montana state income tax.

These monies belong to the employee and are only held, in trust, by the employer until paid to the state.

Contact the Department of Revenue Customer Service Center at (406) 444-6900 for questions related to state income tax withholding.

- **Weighing & Measuring Devices**  
Department of Labor and Industry  
Bureau of Weights and Measures  
301 S. Park Ave., Room 464  
Helena, MT 59620-0516  
(406) 841-2240

Required for businesses that use scales or meters to weigh or measure any product that they either buy or sell. Examples include scales used to weigh candy, meats, fruits, etc. that a store sells, or meters used to measure the gallons of gasoline sold. In Section A of the Master Application form, list each device type to be licensed and the total number of each type of device. Fees shown are per each individual device.

**Meters:**

- PA - Retail meters, listed delivery less than or equal to 20 gallons per minute = \$16  
PB - High speed retail/wholesale meters, listed delivery 21 to 130 gallons per minute = \$55  
PC - Wholesale meters, listed delivery greater than 130 gallons per minute = \$65  
PD - LPG (propane) meters = \$80

Meters refer to the actual measuring chambers, not the numbers of hoses or cabinets. If you have any questions as to the correct number of meters at your location or their listed delivery, please contact either the company that performed the installation or the Bureau of Weights and Measures.

**Scales:**

- SA - Listed capacity 0 - 499 pounds = \$12  
SB - Listed capacity 500 - 1,999 pounds = \$20  
SC - Listed capacity 2,000 - 7,999 pounds = \$40  
SD - Listed capacity 8,000 - 60,000 pounds = \$100  
SE - Listed capacity greater than 60,001 pounds = \$175

- **Underground Storage Tank Systems**  
Department of Environmental Quality (DEQ)  
Environmental Services Section (ESS)  
PO Box 200901  
Helena MT 56620  
(800) 457-0568  
(406) 444-1420  
[ustprog@state.mt.us](mailto:ustprog@state.mt.us)  
Registration Fees (annual):  
\$20 per tank equal to and less than 1100 gallon capacity  
\$70 per tank greater than 1100 gallon capacity

Owners and operators of underground storage tanks (USTs) and aboveground storage tanks with underground lines must register each tank with the Department of Environmental Quality (DEQ). UST registration fees are assessed annually. Tank systems must meet certain standards for construction and design, corrosion protection and leak detection.

Permits are required from the DEQ for tank or piping installations or closures, for modifications, linings or repairs, and for the installation of cathodic protection and vapor or groundwater monitoring wells at existing installations. Licensed installers must conduct the permitted work. Any release must be reported to DEQ within 24 hours.

After March 31, 2003, a person may not use an UST without an Operating Permit issued by DEQ. To obtain an Operating Permit, a licensed Compliance Inspector must inspect the tanks and certify to DEQ that the operation and maintenance of the tank complies with relevant DEQ laws and rules. It is the tank owner's responsibility to hire the private inspector to conduct the inspection. Owners and operators of USTs were to have had their tank systems inspected by January 1, 2002 and are to have inspections every three years thereafter.

➤ **Assumed Business Name**

Secretary of State

\$20 (Priority Filing is available for an additional \$20)

Any individual or partnership conducting business in Montana under a name other than the full legal name of the owner or owners must register an Assumed Business Name. Corporations, limited partnerships, Limited Liability Partnership and Limited Liability Company operating under a name other than the name registered with the Office of the Secretary of State must also register.

When registering an Assumed Business Name on the Master Application, you must indicate the type of business, the date business will commence and the county(s) in which business will be conducted.

➤ **Nursery**

Department of Agriculture

\$95 + \$25 fee = \$120 for a nursery that earns \$3,000 or more in gross annual sales

\$30 + \$25 fee = \$55 for a nursery that earns at least \$1,000 but less than \$3,000 in gross annual sales (Affidavit for Nursery License Exemption must be submitted with the Master Application).

No fee for a nursery that earns less than \$1,000 in gross annual sales (Affidavit for Nursery License Exemption must be submitted with the Master Application).

Required for businesses that grow or offer for sale or resale any nursery stock. Also required for landscaping and lawn maintenance businesses if providing, planting or installing new plants or turf.

## Inspection Procedures

➤ **Food Purveyor License**

For new applications:

An inspection must be conducted, and approval received, from the county sanitarian before the One-Stop Licensing Office can issue a license. Once a licensee has passed inspection, the inspector will provide notification of approval to the One-Stop Licensing Office.

For renewals:

The One-Stop Licensing Office will renew a Food Purveyor License when a county sanitarian has indicated the license may be renewed. The license will be renewed once the sanitarian notifies the One-Stop Licensing Office that an inspection has been conducted and approval has been granted.

## Payment Procedures

### Payment Methods

#### Check

Please make your check payable to One Stop Business Licensing.

#### Credit Card

VISA and MasterCard are accepted. Please include your credit card account information in the appropriate area of the Master Application form or Master License Renewal form.

### Late Fees and Penalties

Petroleum Dealers (Pumps)	50% 60 days after the due date
Weighing Devices/Scales	50% 60 days after the due date and forfeit right to use device
Nursery	\$25
Food Purveyor	\$25
Employer Registration	Cancel registration
Off-Premises Beer and Wine	33.33% 1 day after the due date
	66.66% 31 days after the due date
	100% 61 days after the due date

**Payment must be paid in full when applying for a license or renewing a license.**

## License Renewal Information

Renewing licenses through the One-Stop Licensing Office is a snap.

The business will receive a renewal from the One-Stop Licensing Office when it is time to renew licenses. The renewal notification document will list all the licenses a business currently holds, along with the cost of renewing each specific license.

After reviewing the list of licenses, a business will decide which licenses to renew, complete the back page of the renewal and submit one payment. A business may call the One-Stop Licensing Office and handle the renewal transaction by telephone. When completing a renewal by telephone, the payment method must be a credit card.

Renewal forms may be submitted by:

Mailing the completed renewal form, including appropriate payment, to the One-Stop Licensing Office, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604.

Delivering the completed renewal form, including appropriate payment, to the One-Stop Licensing Office, Sam Mitchell Building, 125 N. Roberts Street, Helena, MT.

Faxing the completed renewal form along with credit card information (card type, card number, card expiration date, name on card and daytime phone) to (406) 444-0750.



## County Sanitarian Offices

### Beaverhead County

2 S. Pacific St.  
Dillon, MT 59725-2799  
Bus Phone:(406) 683-3770  
Bus Fax:(406) 683-3763  
Jones, Lanie  
Laknar, Larry  
E-Mail: llaknar@mcn.net

### Big Horn County

809 N. Custer Ave.  
Hardin, MT 59034  
Bus Phone:(406) 665-8724  
Mobil:(406) 665-5251  
Bus Fax:(406) 665-1025  
Taft, Craig  
E-Mail: bhcroadeh@mcn.net

### Blaine County

P.O. Box 576  
Chinook, MT 59523  
Bus Phone:(406) 357-3310  
Bus Fax:(406) 357-2199  
Bischoff, Heidi  
Dirden, Marty  
E-Mail: mdirden@co.blaine.mt.us

### Broadwater County

515 Broadway  
Townsend, MT 59644  
Bus Phone:(406) 266-9210  
Bus Fax:(406) 266-3674  
Tuemmler, Melissa  
E-Mail: mtuemmler@hotmail.com

### Carbon County

Administrative Services Bldg.  
P.O. Box 466  
Red Lodge, MT 59068  
Bus Phone:(406) 446-1694  
Bus Fax:(406) 446-2640  
McGann, Gregory  
E-Mail: ccplan@wtp.net

### Carter County

See Fallon County

### Cascade County

City-County Health Dept.  
115 4th St. S.  
Great Falls, MT 59401  
Bus Phone:(406) 454-6950  
Bus Fax:(406) 454-6956  
Carroll, Patrick  
Clifton, Brian  
D'Antuono, Louis  
Furan, Darrell  
Johnson, Sandy  
White, Stephen  
E-Mail: sanitarians@co.cascade.mt.us

### Central MT Health District

305 W. Watson  
Lewistown, MT 59457  
Bus Phone:(406) 538-7466  
Bus Fax:(406) 538-7466  
Derbach, Daniel A., M.D.  
Mobile:(406) 366-0628  
Pomeroy, Deen  
Mobile:(406) 366-0627  
E-Mail: cmh@attbi.com

### Chouteau County

Courthouse  
P.O. Box 459  
Fort Benton, MT 59442-0459  
Bus Phone:(406) 622-3016  
Home Phone:(406) 727-4217  
Bus Fax:(406) 622-3012  
Stevenson, Bob  
E-Mail: bobcetera@aol.com

### Custer County

Courthouse  
1010 Main St.  
Miles City, MT 59301  
Zabrocki, Jim  
Bus Phone:(406) 874-3490  
Bus Fax:(406) 874-3491  
E-Mail: des@midrivers.com

### Daniels County

See Sheridan County

### Dawson County

207 W. Bell  
Glendive, MT 59330  
Bus Phone:(406) 377-5772  
Bus Fax:(406) 377-2022  
Snow, Dennis  
E-Mail: dsnow@midrivers.com

### Deer Lodge County

800 S. Main St.  
Anaconda, MT 59711  
Bus Fax:(406) 563-4001  
Lanes, Chad  
Bus Phone:(406) 563-4066  
E-Mail: acxba@imine.net  
Solberg, Karen  
Bus Phone:(406) 563-4067  
E-Mail: ksolbergrs@hotmail.com

### Fallon County

P.O. Box 667  
Baker, MT 59313  
Bus Phone:(406) 778-3329 School  
Bus Fax:(406) 778-3558  
Menger, Richard  
E-Mail: rmenger@metnet.state.mt.us

### Fergus County

See Central MT Health District

### Flathead County

1035 1st Ave. W.  
Kalispell, MT 59901  
Bus Phone:(406) 751-8130  
Bus Fax:(406) 751-8131  
Cassidy, Kate, S.I.T.  
E-Mail: dwoeppel@co.flathead.mt.us  
Gray, Glen  
E-Mail: ggray@co.flathead.mt.us  
Johnson, Jere  
E-Mail: jjohnson@co.flathead.mt.us  
Jacobs, Wendee  
E-Mail: wjacobs@co.flathead.mt.us  
Lowndes, Dusti  
E-Mail: dlowndes@co.flathead.mt.us  
Montgomery, Dick  
E-Mail: dmontgomery@co.flathead.mt.us  
Quist, Dick  
E-Mail: dquist@co.flathead.mt.us  
Voilette, Betty  
E-Mail: bviolette@co.flathead.mt.us  
Woeppel, Darin  
E-Mail: dwoeppel@co.flathead.mt.us



**Gallatin County**

Gallatin City/County Health Dept  
Environmental Health Services  
Courthouse  
311 W. Main, Rm 208  
Bozeman, MT 59715  
Bus Phone:(406) 582-3120  
Bus Fax:(406) 582-3128  
Bachar, Laurie  
E-Mail: lbachar@co.gallatin.mt.us  
Cox, Christine  
E-Mail: ccox@co.gallatin.mt.us  
Moldroski, Denise  
E-Mail: dmoldroski@co.gallatin.mt.us  
Moore, Thomas  
E-Mail: tmoore@co.gallatin.mt.us  
Piccone, Ruth  
E-Mail: rpicone@co.gallatin.mt.us  
Roark, Tim  
E-Mail: troark@co.gallatin.mt.us  
Woodbury, Barbara  
E-Mail: bwoodbury@co.gallatin.mt.us  
Zindt, Erinn  
E-Mail: ezindt@co.gallatin.mt.us

**Garfield County**

See Rosebud County

**Glacier County**

Glacier County Health Dept.  
1210 E. Main  
Cut Bank, MT 59427  
Andersen, Ron  
E-Mail: ron@cascademontana.com  
Bus Phone:(406) 873-4461  
Home:(406) 468-2609

**Golden Valley County**

See Central MT Health District

**Granite County**

See Deer Lodge County

**Hill County**

Courthouse  
315 4th St.  
Havre, MT 59501  
Bus Phone:(406) 265-5481 ext. 66  
Bus Fax:(406) 265-6976  
Bischoff, Heidi  
E-Mail: bischoffh@co.hill.mt.us  
Vincent, Clay  
E-Mail: vincentc@co.hill.mt.us

**Jefferson County**

Courthouse  
PO Box H  
Boulder, MT 59632  
Bus Phone:(406) 225-4126  
Mobile Phone:(406) 949-8619  
Bus Fax:(406) 225-4151  
Bullock, Megan  
E-Mail: bullockmegan@hotmail.com

**Judith Basin**

See Central MT Health District

**Lake County**

Lake County Services  
Lake County Environmental Health Services  
106 4th Ave. E.  
Polson, MT 59860  
Bus Phone:(406) 883-7236  
Bus Fax:(406) 883-7205  
Brueggeman, Susan  
E-Mail: susan.envhealth@lakecounty-mt.org  
Ellenwood, Laurie  
E-Mail: laurie.envhealth@lakecounty-mt.org  
Murphy, Terry  
E-Mail: terry.envhealth@lakecounty-mt.org  
Smith, Diana  
E-Mail: diana.envhealth@lakecounty-mt.org

**Lewis and Clark County**

Environmental Health Division  
City-County Bldg  
316 N. Park Ave.  
P.O. Box 1723  
Helena, MT 59624  
Bus Phone:(406) 447-8351  
Bus Fax:(406) 447-8370  
Hendley, Laura  
E-Mail: lhendley@co.lewis-clark.mt.us  
Mullen, Laura  
E-Mail: lmullen@co.lewis-clark.mt.us  
Preskar, Frank  
E-Mail: fpreskar@co.lewis-clark.mt.us  
Riek, Laurel  
E-Mail: lriek@co.lewis-clark.mt.us  
Simonson, Dave, S.I.T.  
E-Mail: simonson@co.lewis-clark.mt.us

**Liberty County**

See Toole County

**Lincoln County**

418 Mineral Ave.  
Libby, MT 59923  
Bus Phone:(406) 293-7781 ext 228  
Bus Fax:(406) 293-5640  
Anderson, Ron  
Lind, Kendra  
Marchant, Mark  
E-Mail: lcdeh@libby.org

**Madison County**

P.O. Box 278  
Virginia City, MT 59755  
Bus Phone:(406) 843-4275  
Mobile Phone:(406) 596-0190  
Bus Fax:(406) 843-5362  
Hamler, Ralph  
E-Mail: mcsani@3rivers.net

**McCone County**

See Richland County

**Meagher County**

P.O. Box 6616  
Great Falls, MT 59406-6616  
Bus Phone:(406) 761-5631  
Bus Fax:(406) 761-5631 (call first)  
Clifton, Brian  
E-Mail: bclifton@in-tch.com

**Mineral County**

Mineral County  
Environmental Health & Planning  
P.O. Box 396  
Superior, MT 59873-0396  
Bus Phone:(406) 822-3525  
Bus Fax:(406) 822-3579  
Marchwick, Wayne  
E-Mail: spr3526@blackfoot.net

**Missoula County**

City-County Health Dept  
301 W. Alder St  
Missoula, Mt 59802  
Bus Phone:(406) 523-4755  
Bus Fax:(406) 523-4781  
Anderson, Ken  
E-Mail: andersonk@ho.missoula.mt.us  
Barger, Tom  
E-Mail: bargert@ho.missoula.mt.us  
Carlson, Jim  
E-Mail: carlsonj@ho.missoula.mt.us  
Frodey-Hutchins, Michelle  
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Gillman, Mary Lou  
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Harvala, Jon  
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E-Mail: itol@ho.missoula.mt.us  
Kikkert, Doug  
E-Mail: kikkertd@ho.missoula.mt.us  
Nielsen, Peter  
E-Mail: nielsenp@ho.missoula.mt.us  
Schmidt, Ben  
E-Mail: schmidt@ho.missoula.mt.us  
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E-Mail: therriaults@ho.missoula.mt.us  
Todd, Jill  
E-Mail: toddj@ho.missoula.mt.us

**Musselshell County**

See Central MT Health District

**Park County**

414 E. Callendar St.  
Livingston, MT 59047  
Bus Fax:(406) 222-4199  
Morgan, Doris  
Bus Phone:(406) 222-4143  
Taylor, Randy  
Bus Phone:(406) 222-4142  
E-Mail: pchealth@hotmail.com

**Petroleum County**

See Central MT Health District

**Phillips County**

P.O. Box 318  
Malta, MT 59538  
Bus Phone:(406) 654-2465  
Bus Fax:(406) 654-2429  
Carlson, Molly  
E-Mail: sanitarian@co.phillips.mt.us

**Pondera County**

20 4th Ave. S.W.  
Conrad, MT 59425  
Bus Phone:(406) 271-4036  
Home Phone:(406) 469-2277  
Bus Fax:(406) 271-4070  
Rose, Corrine  
E-Mail: crose@3rivers.net

**Powder River County**

See Fallon County

**Powell County**

See Deer Lodge County

**Prairie County**

See Dawson County

**Ravalli County**

215 S. 4th St., Ste. D  
Hamilton, MT 59840  
Bus Phone:(406) 375-6268  
Bus Fax:(406) 375-2048  
Farrell, Morgan  
Klietz, Todd  
E-Mail: sanitarian@co.ravalli.mt.us

**Richland County**

221 5th St. S.W.  
Sidney, MT 59270  
Bus Phone:(406) 433-6876  
Bus Fax:(406) 433-6876  
Logan, Kelly  
E-Mail: klhealth@richland.org

**Roosevelt County**

See Sheridan County

**Rosebud County**

County Health Dept.  
251 N. 17th  
P O Box 388  
Forsyth, MT 59327  
Bus Phone:(406) 356-2528  
Bus Fax:(406) 356-2156 (Health Dept.)  
Schoof, Brian

**Sanders County**

Courthouse  
P.O. Box 519  
Thompson Falls, MT 59873  
Bus Phone:(406) 827-6961  
Bus Fax:(406) 827-4388  
Dvorak, Jeremy, S.I.T.  
E-Mail: dvoraks09@uww.edu

**Sheridan County**

Courthouse  
100 W. Laurel Ave.  
Plentywood, MT 59254  
Bus Phone:(406) 765-3458, ext. 464  
Home Phone:(406) 765-2497  
Mobile Phone:(406) 765-7669  
Bus Fax:(406) 765-3428  
Smith, Ron  
E-Mail: tcs@co.sheridan.mt.us

**Silver Bow County**

Butte-Silver Bow Health Dept  
25 W. Front St.  
Butte, MT 59701  
Bus Phone:(406) 497-5020  
Bus Fax:(406) 723-7245  
Larson, Rick  
Powers, Dan  
Riley, Paul  
Rolich, John

**Stillwater County**

Environmental Health Division  
P.O. Box 1276  
Columbus, MT 59019  
Bus Phone:(406) 322-8055  
Bus Fax:(406) 322-8007  
Strobel, Dana  
E-Mail: strobeld@yahoo.com  
West, Travis  
E-Mail: twest2@co.stillwater.mt.us

**Sweet Grass County**

P.O. Box 111  
Columbus, MT 59019  
Bus Phone:(406) 932-5395  
Home Phone:(406) 322-4426  
Bus Fax:(406) 932-5433  
Fink, Ron  
E-Mail: sgsant@ttc-emc.net

**Teton County**

Courthouse Circle  
P.O. Box 610  
Chouteau, MT 59422  
Bus Phone:(406) 466-2150  
Home Phone:(406) 469-2277  
Mobile Phone:(406) 788-8902  
Bus Fax:(406) 466-2138  
Rose, Corrine  
E-Mail: crose@3rivers.net

**Toole County**

266 1st St. S.  
Shelby, MT 59474  
Bus Phone:(406) 434-5032  
Bus Fax:(406) 434-2467  
Salo, Karen  
E-Mail: tcosan@shelby.mt.us

**Treasure County**

524 N. Crow Ave.  
Hardin, MT 59034  
Bus Phone:(406) 665-1156  
Lippert, Tom

**Valley County**

Valley County Courthouse  
501 Court Square  
Glasgow, MT 59230-2405  
Bus Phone:(406) 228-6264  
Bus Fax:(406) 228-6242  
Shipp, Cameron  
E-Mail: cshipp@co.valley.mt.us

**Wheatland County**

See Central MT Health District

**Wibaux County**

See Dawson County

**Yellowstone County**

Courthouse, Rm 308  
PO Box 35035  
Billings, MT 59107  
Bus Fax:(406) 256-2767  
Bradshaw, Gary  
Bus Phone:(406) 256-2772  
E-Mail: garyb@ycchd.org  
Kylander, Ted  
Bus Phone:(406) 256-2772  
E-Mail: tedk@ycchd.org  
Pinnow, Jennifer  
Bus Phone:(406) 256-2771  
E-Mail: jenniferp@ycchd.org  
Vandell, Scott  
Bus Phone:(406) 256-2768  
E-Mail: scottv@ycchd.org

**PHS Indian Health Service****PHS Indian Health Service  
Billings**

2900 4th Ave N, Rm. 307  
Billings, MT 59107  
Bus Phone:(406) 247-7099  
Bus Fax:(406) 247-7229  
Holland, John  
Sery, John  
E-mail: john.sery@mail.ihs.gov

**PHS Indian Health Service  
Blackfeet**

P.O. Box 760  
Browning, MT 59417  
Bus Phone:(406) 338-3253  
Bus Fax:(406) 338-2959  
George, Don  
E-mail: dgeorge@bilb2.billings.ihs.gov

**PHS Indian Health Service****Ft. Belknap**

Route 1 Box 67  
Harlem, MT 59526  
Bus Phone:(406) 353-3253  
Bus Fax:(406) 353-2998  
Kinsey, Daniel

**PHS Indian Health Service****Ft. Peck**

Vern E. Gibbs Health Center  
P.O. Box 67  
Poplar, MT 59255  
Bus Phone:(406) 768-5322  
Bus Fax:(406) 768-5212  
Hull, Ken  
E-mail: kenneth.hull@mail.ihs.gov

**Tribal Health Services****Blackfeet Tribal Health Services**

P.O. Box 760  
Browning, MT 59417  
Bus Phone:(406) 338-6338  
Bus Fax:(406) 338-6308  
George, Don  
E-mail: don.george@mail.ihs.gov

**Crow Tribal Sanitarian**

PHS Indian Hospital  
P.O. Box 9  
Crow Agency, MT 59022  
Bus Phone:(406) 638-3473  
Bus Fax:(406) 638-3569  
Haines, Debra  
E-mail: dhaines@bilb2.billings.ihs.gov

**Flathead Tribal Health Center**

P.O. Box 880  
Mission Dr  
St. Ignatius, MT 59865  
Bus Phone:(406) 745-2411  
Other: 1-888-835-8766  
Bus Fax: (406) 745-3530  
Steele, Fred  
E-mail:  
fsteel@sip.flathead.billings.ihs.gov

**Ft. Peck Tribal Health**

Verne E. Gibbs Health Center  
P.O. Box 67  
Poplar, MT 59255  
Bus Phone:(406) 768-5322  
Bus Fax:(406) 768-5212  
Buckles, Dana, E. H. T.  
Four Bear, Dennis, E. H. T.

**Northern Cheyenne Tribal Sanitarian**

P.O. Box 67  
Lame Deer, MT 59043  
Bus Phone:(406) 447-4409  
Bus Fax:(406) 447-8366  
LaRance, Albert  
E-mail: albert.larance@mail.ihs.gov

**Rocky Boy Tribe**

Chippewa Cree Tribal Health Center  
P.O. Box 664  
Box Elder, MT 59521  
Bus Phone:(406) 395-4490  
Bus Fax:(406) 359-4825  
Gardipee, Henry

**National Park Service**

P.O. Box 168  
Yellowstone National Park, WY 82190  
Bus Phone:(307) 344-2274  
Roser, Sara

# Montana Cigarette Sales

## Who needs to report?

Anyone shipping or delivering cigarettes into Montana must report to the Department of Revenue (DOR), in compliance with the Federal Jenkins Act 376, 1955. This report must include name and address of purchaser, quantity, brand of cigarettes, manufacture of cigarettes and invoice numbers. The report may be computer generated if approved by Department of Revenue (DOR).

## Wholesaler Licensing

If you are selling cigarettes and/or tobacco products to a licensed Montana wholesaler or retailer, you must be licensed by the State of Montana as a Wholesaler. To become licensed:

- You must apply for a Wholesale Cigarette and/or Tobacco License
- Applicant must advise (DOR) whether or not they will be stamping cigarettes
- Before a business can purchase cigarette stamps and sell tobacco products you must:
  - Give a description of the secured area the cigarette stamps insignia will be stored (Example: secured warehouse and locked safe).
  - Describe how you intend to separate stamped cigarette from unstamped cigarettes.
  - Complete a& submit a cigarette retail and wholesale affidavit application
  - Provide a list of brand(s) of cigarettes you will be selling and if available the name of the manufacture(s) plus manufactures address
- The applicant must show proof of an established account with the cigarette manufacturer(s).
- Montana is a Fair Trade state and before your brand of cigarette can be sold in Montana you will need to verify that the manufacture has provided the base cost, before taxes or discounts, to: Department of Revenue, Cigarette Tax, PO Box 5805, Helena MT 59604-5805.
- If a wholesaler will be purchasing rolls of insignia be advised that the Montana Department of Revenue purchases their insignia from Meyercord Company at (630) 682-6200, and it is advised that you should contact Meyercord to determine that stamping equipment you are considering is compatible with the Meyercord insignia.
- You must have a secure storage area for stamping equipment and cigarette storage.
- The above information may be faxed to Attention: Cigarette & Tobacco Tax at (406) 444-0750.
- If you have any further questions, please call the Department of Revenue Customer Service Center at (406) 444-6900.



**One Stop Licensing**  
PO Box 8003  
Helena, MT 59604-8003  
Phone (406) 444-6900  
Fax (406) 444-0750

## Cigarette Retail and Wholesale Affidavit

Must be submitted with application

Please print

Owner Name			
Business Name			
Mailing Address			
Street Address			
City/State/Zip Code			
Telephone Number		Fax Number	

**Give a general list of cigarette and tobacco products being sold.**




**One Stop Licensing**  
PO Box 8003  
Helena, MT 59604-8003  
Phone (406) 444-6900  
Fax (406) 444-0750

## Affidavit for Nursery License Exemption

Must be submitted with application

Please print

Owner Name			
Business Name			
Mailing Address			
Street Address		County	
City/State/Zip Code			
Telephone Number		Fax Number	

Section 80-7-106(3)(a) exempts from licensing those nurseries which earn less than \$1,000 gross annual sales of nursery stock. To qualify for the exemption, fill out this affidavit and file it with the department at the above address.

Section 80-7-106(3)(b) requires nurseries which earn \$1,000 but less than \$3,000 in gross annual sales of nursery stock must submit an affidavit to that effect and pay a licensing fee to the department. Fill out this affidavit and send it with your completed application and license fee to the department at the above address.

Location where nursery stock was grown: \_\_\_\_\_

Location(s) where nursery stock will be sold: \_\_\_\_\_

Estimated amount of gross nursery stock sales conducted in Montana:

\$ \_\_\_\_\_

Registering for: <input type="checkbox"/> State Income Tax Withholding <input type="checkbox"/> Unemployment Insurance		<b>Montana Employer Registration</b> Mail completed form to: One Stop Licensing, PO Box 8003, Helena, MT 59604-8003		<b>Agency Use Only</b>	
		<b>Employer Number</b>		<b>NAICS Number</b>	
		<b>Subject Date</b>	<b>WH</b>	<b>Industry Number</b>	
<b>Fill in all spaces as they apply to your business. Instructions are listed on the back of this sheet.</b>		<b>Questions?</b> Call (406) 444-6900		<b>Remarks</b>	
1. Business or Trade Name				4. Type of Organization: <input type="checkbox"/> e. Corporation <input type="checkbox"/> a. Individual Ownership <input type="checkbox"/> f. Sub-Chapter S <input type="checkbox"/> b. Partnership <input type="checkbox"/> g. Governmental <input type="checkbox"/> c. Limited Liability Partnership <input type="checkbox"/> h. Non-profit <input type="checkbox"/> d. Limited Liability Company <input type="checkbox"/> i. Other _____	
2. Owner or Corporation Name					
3. Mailing Address		Phone Number			
City		State      ZIP Code			
Montana Business Location (Physical Address)				5. Federal Employer Identification Number (FEIN):	
City		County      State      ZIP Code		6. Date Incorporated:	
7. Is this <input type="checkbox"/> seasonal or <input type="checkbox"/> pension/trust? (Mark a box if it applies to your business)					
<b>8. Identification of Owner(s), Corporate Officers, Partners, Etc. (If more than three, please attach a list)</b>					
Social Security Number	Name (Given Name Must be Shown in Full)	Title	Address (Home)		
9. Name of Person Who Prepares Records and Reports		Address		Telephone No.	
10. Name of Accountant		Address		Telephone No.	
<b>11. Description of Business Type and Activity in Montana:</b> This section <b>Must Be Completed</b> in detail to accurately determine your business activity for proper assignment of contribution rates. <b>Be Specific and check all that apply.</b> Generalities could result in assignment of a higher contribution rate.					
<input type="checkbox"/> Agriculture, Forestry, Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Services <input type="checkbox"/> Transportation, Communication & Public Utilities <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Manufacturing					
Primary Activity		Specific Product or Service		% of Gross Income	# of Employees
12. Does this establishment have employment at more than one physical location in Montana? (Exclude construction and contract work if less than six months in duration.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Does any worksite of this establishment primarily perform management or support services for other divisions of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Date Employment Began:		15. Will your total payroll for the current calendar year equal or exceed \$1,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Year and date payroll first equaled or exceeded \$1,000: _____			
16. Supply the following information concerning wages paid by the <b>current owner</b> in Montana during the current and/or preceding year(s):					
Years		Current year to date			
Wages You Paid Each Year					
17. Are you required to pay Federal Unemployment Tax (FUTA)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Complete questions 18 - 23 only if you have changed your business entity (such as Proprietorship to Corporation), or have acquired a Montana business operation.</b>					
18. Date Changed/Acquired: _____					
19. How Acquired: <input type="checkbox"/> Entity Change <input type="checkbox"/> Lease <input type="checkbox"/> Other, Specify: _____					
<input type="checkbox"/> Purchased All <input type="checkbox"/> Purchased a Portion - What did you purchase? _____					
20. Name of Former Owner(s): _____					
21. Name and Address of Former Business: _____					
22. Former UI Account Number: _____					
23. Former FEIN: _____					
Signature (Owner, all Partners or one Corporate Officer)		Title		Date	
Signature		Title		Date	

Return original copy to the address listed at the top of the form. Retain one copy for your files.



# Master Application

## License Fees

<input type="checkbox"/> Food Purveyor (page 3) Endorsements: (Check all that apply) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> \$ _____	<input type="checkbox"/> Petroleum Dealers (page 5) PA _____ x \$16.00 = _____ PB _____ x \$55.00 = _____ PC _____ x \$65.00 = _____ PD _____ x \$80.00 = _____ \$ _____
<input type="checkbox"/> Cigarette (pages 3 & 4) <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Subjobber <input type="checkbox"/> Major Vendor <input type="checkbox"/> Minor Vendor <input type="checkbox"/> Other Tobacco Products \$ _____	<input type="checkbox"/> Weighing Devices (page 5) SA _____ x \$12.00 = _____ SB _____ x \$20.00 = _____ SC _____ x \$40.00 = _____ SD _____ x \$100.00 = _____ SE _____ x \$175.00 = _____ \$ _____
<input type="checkbox"/> Off-Premises Beer/Wine License (pages 18-26) Two separate checks need to be submitted. <input type="checkbox"/> Process Fee: Off-Premise - \$100.00 Make check payable to: Department of Revenue \$ _____ <input type="checkbox"/> Off-Premise Beer - \$200.00 (if new) <input type="checkbox"/> Off-Premise Wine - \$200.00 (if new) <input type="checkbox"/> Off-Premise Beer/Wine - \$400.00 (if new) Make check payable to: One Stop Licensing \$ _____	<input type="checkbox"/> Underground Storage Tanks (page 5) <= 1100 gallons _____ x \$20.00 = _____ > 1100 gallons _____ x \$70.00 = _____ \$ _____
<input type="checkbox"/> Unemployment Insurance (Page 4) <input type="checkbox"/> Withholding (page 4) <input type="checkbox"/> Nursery License (page 6) <input type="checkbox"/> Exempt \$0 <input type="checkbox"/> >= \$1,000 and < \$3,000 <input type="checkbox"/> >= \$3,000 \$ _____	<input type="checkbox"/> Assumed Business Name (page 6) \$ _____  Total Amount Enclosed \$ _____

## Please Do Not Send Cash

Check or Money Order # \_\_\_\_\_

Credit Card Payment: ☐ Visa ☐ MasterCard

Credit Card #

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Assumed Business Name/DBA/Trade Name, Etc.: \_\_\_\_\_

Description of business transacted under the assumed business name: \_\_\_\_\_

Date applicant first used the assumed business name (Mo\Day\Yr): \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Company or Owner Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN) or Social Security Number: \_\_\_\_\_

Business Location Address (cannot be a post office box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

County \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Business Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

### Signature (of sole proprietor or spouse, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I(we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I(we) am(are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me(us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corporation, corporate officer must sign)	Title	Date
_____	_____	_____
_____	_____	_____

License	Type of License	Fees	Inspection Required
Food Purveyor (see page 3)		\$60.00	Yes
Cigarette (see pages 3 & 4)	Retailer	\$5.00	No
	Wholesaler	\$50.00	No
	Subjobber	\$50.00	No
	Major vendor	\$50.00	No
	Minor vendor	\$5.00	No
	Other tobacco products	\$0.00	No
Off-Premises Beer/Wine (see pages 18-26)	Process Fee	\$100.00	Yes
	Beer	\$200.00	Yes
	Wine	\$200.00	Yes
	Beer/Wine	\$400.00	Yes
Employer Registration (see pages 4 & 15)	None	None	No
Petroleum Dealers (see page 5)	PA-Max Delivery <= 20 gal/min	\$16.00	Yes
	PB-Max Delivery > 20 gal/min and <= 130 gal/min	\$55.00	Yes
	PC- Max Delivery > 130 gal/min	\$65.00	Yes
	PD-Liquified Petro Meters	\$80.00	Yes
Weighing Devices (see page 5)	SA-0 thru 499 lbs	\$12.00	Yes
	SB-500 thru 1,999 lbs	\$20.00	Yes
	SC-2,000 thru 7,999 lbs	\$40.00	Yes
	SD-8,000.thru 60,000 lbs	\$100.00	Yes
	SE-60,001 lbs & over	\$175.00	Yes
Nursery (see page 6)	Gross annual sales >= \$3,000	\$95.00	Yes
	Gross annual sales >= \$1000 and < \$3000	\$30.00	Yes
	Gross annual sales < \$1,000	\$0.00	Yes
	(Must submit an Affidavit for Nursery License Exemption)		
Assumed Business Name (see page 6)	Registration Fee	\$20.00	No
	Additional Charge for Priority Handling	\$20.00	No
Underground Storage Tanks (see page 5)	Tanks <=1100 gals	\$20.00	Not for Registration, but once every three years for operating permit
	Tanks > 1100 gals	\$70.00	

## **Off- Premises**

### Beer and Wine Application

Please complete the following pages for processing your Off -Premises Application. Please read all instructions and answer all relevant questions.

The following forms included in this section are:

- Off-Premises Application Check List
- Off-Premises Liquor License Application
- Release of Information Form
- Personal History Statement Form
- Grocery Inventory Form
- Assignment
- Fire Code Requirements
- Department of Treasury - Special Tax Registration and Return

Montana Department of Revenue  
Registration and Licensing  
Off-Premises Application Check Sheet  
to expedite your application processing

Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a completed application (16-4-207 MCA). You will be notified when a decision regarding the application has been made.

Submitting an incomplete application may add weeks to the process. **This checklist is provided to help you avoid a delay.** Please do not return the checklist with your application documents as it is designed simply for your use.

A complete application means all information requested on the license application forms has been responded to in compliance with the law and the necessary supporting documentation has been supplied.

It is suggested you use the following list of questions as a checklist to help you put together your application paperwork. In most cases, affirmative (or not applicable) responses to all of these questions will assure you have compiled a complete application. **However, the documents provided may raise license qualification questions that need clarification before the department can consider your application complete.** If your response to any of these questions is negative, your application is incomplete.

Application documents are considered public documents and are available for public review.

#### CHECKLIST

Respond with Yes, NA or No to the following list of questions.

- \_\_\_\_ A All questions and documents requested in Section I and 2 of the application that apply to your type of Off-Premise application have been answered.
- \_\_\_\_ B \* Your \$100.00 processing fee is included with the application documents.
- \_\_\_\_ C \* If applying for a new license, the license fee \$200.00 beer, \$200.00 wine, payment is included with the application documents. This payment is in addition to the payment submitted for your 1-Stop Business Licenses. Please include this as a separate payment to be processed for your liquor license application.
- \_\_\_\_ D If you are a partnership, you have included with your application a copy of your Certificate of Fact issued by the Montana Secretary of State's Office and your partnership agreement with the application documents.
- \_\_\_\_ E If you are a corporation, you have included with your application a copy of your current (issued within the last six months) Certificate of Existence, and corporate statement.
- \_\_\_\_ F If you are an LLC include your Certificate of LLC and Articles of Organization.
- \_\_\_\_ G If you indicated in Section 2 question 7 that you do not own the premise, you have included with your application documents a copy of a current or proposed lease or rental agreement. The document is between the applicant & owner of the premise, signed, dated and includes any other associated documents.
- \_\_\_\_ H If you indicated in Section 2 question 7 that you do own the premise, you have included with your application documents, a copy of a current or proposed purchase agreement or proof of ownership (i.e. current year tax statement or warranty deed). The document is between the applicant & previous owner, signed, dated and includes any other associated documents.
- \_\_\_\_ I Copy of your current floor plan, preferably on 8½ x 11 paper, with outside dimensions and general layout is included with the application documents showing all areas where alcohol will be stored and sold. (Please label floor plan with the Trade Name and license number.)

\_\_\_\_\_ J If applying for a transfer of ownership only, and wish to operate temporarily while the application is being processed, you have entered the date that you want temporary authority issued.

\_\_\_\_\_ K If applying for Temporary operating authority in Section 3, the current licensee/recorded owner has accurately completed the appropriate part of Section 3.

\_\_\_\_\_ L The application form is signed by all individual owners, or all members of the partnership, LLC, or an authorized member of the corporation.

\_\_\_\_\_ M If applying for a transfer of ownership, an assignment form or purchase agreement that specifically lists the license by number is included with the application documents. The document submitted must list the applicant's name as shown on the application, the license number, and the signature of the current licensee(s).

\_\_\_\_\_ N A complete personal history statement and authorization for examination and release of information form for each individual applicant, partner or corporate stockholder owning 10% or more of the issued stock is included with the application documents.

\_\_\_\_\_ O If applying for a transfer of ownership, you understand that no money may be exchanged until the department has issued either temporary operating authority or final approval. Any portion of the purchase price or down payment must be held in Escrow until temporary authority or approval is issued. Copies of Escrow documents are required to support this.

When the application is determined complete, an investigation of the applicant and premises is initiated. The Department notifies the department's investigation office and various state and local officials interested in the application that the application has been received, allowing the parties 30 days to notify us of any application deficiencies in areas within their jurisdiction. Also, the department may notify the Department of Justice, Investigation Bureau to begin a background investigation.

The department can approve the application if a favorable investigation report is received and no other previous deficiencies have been noted.

It is important to understand that supplying information requested does not guarantee approval of the license application. At this time, we are simply gathering information needed to continue processing the paperwork. Until a determination has been made, any expenses related to this application which you may incur are strictly at your own risk. You will be notified when a decision regarding the application has been made.

Please mail the application documents to:  
Department of Revenue  
Registration and Licensing  
P.O. Box 1712  
Helena, MT 59624-1712

# Off-Premises Liquor License Application

**Return to:**  
Montana Department of Revenue  
Registration and Licensing  
PO Box 1712  
Helena, MT 59624-1712

## Section 1: Entity/Transaction

Check appropriate boxes:

1. Business Entity

- ☐ Individual (one person)  
☐ Corporation  
☐ Other

2. Transaction

- ☐ New License  
☐ Transfer - License # \_\_\_\_\_  
☐ Ownership  
☐ Location

3. License Type / Fee

- ☐ Processing Fee - \$100.00 (All)  
☐ Off-Premise Beer - \$200.00 (If new)  
☐ Off-Premise Wine - \$200.00 (If new)  
☐ Off-Premise Beer/Wine - \$400.00 (If new)

Attach additional pages if more space is needed

## Section 2: General Information

Instruction for completing applicant name.

➤ If **Individual**, list individual's name.

➤ If **Corporation**, provide current corporate statement or list of officers, directors and shareholder and Certificate of Existence/Authority.

➤ If **Other** . . .

- If more than one **individual** , list names of all below and indicate if license will be held as:

☐ **Joint Tenants with Rights of Survivorship** or as ☐ **Tenants in Common**

- If **partnership**, list partnership name below then, individual partners' names and provide copy of the partnerships Certificate of Limited Partnership, Certificate of Fact or Certificate of Registration.

- If **LLC**, list LLC name below then, all members' names and provide a copy of the Certificate of LLC.

1. Name of Applicant(s)

Owner(s) \_\_\_\_\_

Name of Person Managing Business \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Federal Tax I.D. No. \_\_\_\_\_

2. ☐ Yes ☐ No Provided Personal History & Release of Information forms for each individual, partner, 10% stockholder, or member.

3. **Business/Trade Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

4a. **Address of premise to be licensed, if different than mailing address. Give Exact Location of Premises**, including a street and number.

If there is **no** street and number, provide a detailed narrative description of the location.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4b. Is your location within an incorporated city/town? ☐ Yes ☐ No

5. Are the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances? ☐ Yes ☐ No

6. Is your premises proposed for licensing operated as a ☐ Grocery Store ☐ Drugstore  
If **grocery store** - attach copy of inventory (Form G-1)  
If **drug store** - attach copy of pharmaceutical license

7. Do you now or will you own the building proposed for licensing? ☐ Yes ☐ No

If No, please provide a current or proposed lease or rental agreement. If Yes provide acceptable proof of ownership

8. Is the building ready for occupancy? ☐ Yes ☐ No

If No, indicate estimated date of occupancy: \_\_\_\_\_

9. Will you be remodeling or constructing the premise? ☐ Yes ☐ No

If Yes, indicate estimated date of completion: \_\_\_\_\_ (Date)

10. **Submit copy of current floor plan of licensed premise. Floor plan must include external dimensions and general layout - preferably on an 8½ x 11 sheet of paper. Identify trade name of premise and date.**

### Section 3: Temporary Authority

#### Temporary Authority CANNOT be granted on a transfer of location or issuance of a new license.

The undersigned, requests authority to operate pending final approval of the transfer. The undersigned agrees that during the period of temporary operating authority, the applicant shall be responsible for all beer and wine purchased pursuant to Section 16-3-243, MCA (the seven-day credit limitation). I realize temporary authority will be immediately revoked if my employees or I violate any provisions of Title 16, MCA or the departments rules.

I would like temporary authority issued on \_\_\_\_\_ (Date)

To be completed by Recorded Owner / Current Licensee

I authorize Temporary Operating Authority be granted to the applicant by the Department of Revenue Registration and Licensing, pending final approval. I understand the applicant may not operate until Temporary Authority has been granted. I understand Section 42.12.208, Administrative Rules of Montana, states in part "Any proposed fine, suspension, or revocation arising out of a violation will be assessed against and is the responsibility of the recorded owner of the license.

\_\_\_\_\_  
Signature of Recorded Owner / Current Licensee

\_\_\_\_\_  
Date

### Section 4: Notice To Applicants

In order for your application to be considered *complete* you must include all associated or related documents as indicated by your specific circumstance in the accompanying check sheet. Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a complete application, if no deficiencies are received. You will be notified when a decision regarding the application has been made.

### Section 5: Declaration and Affidavit

NOTE: Section 16-4-402 (3) MCA, provides "Upon proof that any applicant made false statement in any part of the application, the application for license may be denied, and if issued, the license may be revoked." If the applicant is successful in obtaining a license, the applicant must abide by all laws and rules for that licensing period. 42.12.12(2) Application must be signed by all individuals, partners or members or LLC. In the case of a corporate applicant it may be signed by one member, with authority to sign and state their title:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

### Section 6: Corporate Statement

The stockholders of the corporation are:

Name

Address

Social Security Number

Date of Birth

Number of Shares

Total Shares: \_\_\_\_\_

The Officers and Directors of the Corporation are:

Name

Address

Title



## Grocery Inventory

Section 16-4-105(3), MCA states a retail license to sell beer or table wine in the original package for off-premises consumption only may be issued to a qualified applicant whose premises proposed for licensing is operated as a bona fide grocery store or a drug store licensed as a pharmacy.

ARM 42.12.126(2) "The retail inventory of \$3,000 will be used as a basis for determining whether an establishment qualifies as a "bona fide grocery store". The retail inventory of at least \$3,000 must be maintained at all times. The retail inventory must include at least three different types of items in each of the following food groups; meats, vegetables, fruits, bakery items, dairy products and household supplies. For example, three different types of items in the dairy products group would be a cheese, a milk and a butter, but skim milk, chocolate milk and whole milk would not be considered as three different types of items in the dairy products group."

List three different types of food items you carry within each category listed below. Under Total Inventory state the total dollar retail inventory maintained in these above six food groups.

### Three Food Types

Meats			
Vegetables			
Fruits			
Bakery Items			
Dairy Products			
Household			

Total Inventory of Above Food Groups     \$ \_\_\_\_\_

I certify this inventory to be correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Trade Name \ County

\_\_\_\_\_  
Date

## Applicant

## Address

City

## State

**Zip**

**Each Individual, all Members of Partnerships, LLCs and LLPs must sign below. If Licensee is a Corporation, an Authorized Member must sign stating his/her title.**

Dated at \_\_\_\_\_, Montana, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature (current licensee)

Address

Signature (current licensee)

Address

STATE OF MONTANA )  
 ) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public for the State of Montana, personally appeared \_\_\_\_\_ known to me to be the person(s) whose name is (are) subscribed to the foregoing instrument, and acknowledges to me that he (she) executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this instrument first written above.

NOTARY PUBLIC FOR THE STATE OF MONTANA

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

TO: Prospective Liquor License and Tavern Owners

FROM: Fire Prevention and Investigation Bureau

DATE: January 10, 1996

SUBJECT: Fire code requirements and information pertinent to fire and life safety requirements for B-2 and A-3P occupancies

Whenever someone applies for a license, or license ownership is transferred, the building to which the license applies is inspected. This inspection is conducted by an FPIB Deputy State Fire Marshal or by a representative from your local fire department, provided the department has an inspection division.

The following information lists Fire Code deficiencies common to occupancies that fall within this category. The information is intended to assist you in evaluating the relative fire and life safety of the building that you are currently applying for a liquor license, and to help you avoid unanticipated expenditures. This information may help you determine if the property is in compliance with the Uniform Fire Code or will require expensive and/or extension modifications.

On premises liquor sales establishments typically are classified in the Fire and Building Codes in one of two occupancy classes, based on the usable square footage of floor space that is open to , and regularly used by, the public.

A B-2 establishment is defined (for our purposes) as a drinking and dining establishment that has an occupant load of less than 50, and contains less than 750 square feet of usable floor space.

The second class, A-3, is defined as any building, or portion of a building, having an assembly room within occupant load of less than 300, without a legitimate stage. The usable floor space ranges from 750 to 4,500 square fee. The majority of bars, taverns, restaurant/bars, and casinos fall in this category.

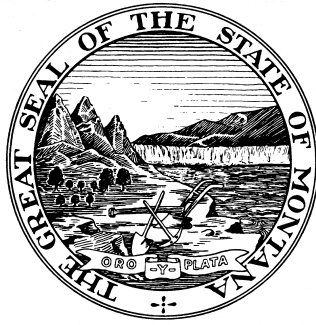
#### **Fire Code Deficiencies Common to B-2 Occupancies**

- Lack of an approved fire suppression system to protect the ventilating hoods over kitchen cooking surfaces.
- Lack of a required 40 B.C. fire extinguisher for kitchen use.
- The use of extension cords as a substitute for permanent wiring. Extensions cords are permitted only for temporary use.

#### **Fire Code Deficiencies Common To A-3 Occupancies**

- Lack of an approved fire suppression system to protect the ventilating hoods over kitchen cooking surfaces.
- Lack of a required 40 B.C. fire extinguisher for kitchen use.
- No indication of occupant limit. The limit must be posted in a conspicuous place near the main exit.
- The use of extension cords as a substitute for permanent wiring. Extension cords are permitted only for temporary use.
- Insufficient or inadequate exits:
  - At least two approved exits are required where the occupant load is 50 or more.
  - Exit doors must swing in the direction of departure.
  - Exit doors shall be openable, from the inside, without the use of a key or any special knowledge or effort. Exit doors shall not be locked, chained, bolted, latched or otherwise made unusable. All locking devices must be of an approved type.
  - Exit signs shall be installed at the required exit from the rooms, areas or where otherwise necessary to clearly indicate the direction of departure.
- Inadequate exit illumination. Exit illumination must be provided and maintained. Exits and exit signs must be provided with emergency power, and be maintained in an operable condition.

These are only the most commonly found deficiencies. Other deficiencies may be found during an inspection. For further information or assistance, please contact your local fire department fire prevention official or the Fire Prevention and Investigation Bureau at 444-2050.



**State of Montana**



# **BUSINESS LICENSING**

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